Receipt date: 0868/2506

Sheet

PTOSSIBLA (JZ.05)
Approved for use through 08/02/050 M08 05x 10Z.05)
U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Lot 1995, no persons are required to respond to a collection of information unless it contains a vaid OMB control number.

Substitute for form Pare

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

1 of 2

Examiner	-Cit-	Document Number	Publication Date	DOCUMENTS Name of Patentee or	1 0
Initials*	Cite No.1	Number-Kind Code ^{2 (# known)}	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
V.P.C,		^{US-} 5,487,732	01-30-1996	Jeffrey	
		^{US-} 6,585,702	07-01-2003	Brunel	
		US- 5,957,897	09-28-1999	Jeffrey	
		^{US-} 5,330,430	07-19-1994	Sullivan	
		^{US-} 5,458,576	10-17-1995	Haber et al.	
		US- 5,324,265	06-28-1994	Murray et al.	
		^{US-} 5,211,628	05-18-1993	Marshall	
		US-			

			IGN PATENT DOCU	MENTS		_
Examiner Initials*	Cite No.1	Foreign Patent Document Publication Date MM-DD-YYYY Country Code ³ Number * "Kind Code ⁵ (# known)		Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	Т
			- Application of Orloan Document	Or Relevant Figures Appear	T	
/V.P.C./		WO 96/27403	09-12-1996			Т
T		WO 96/05879	02-29-1996			Г
		WO 95/11713	05-04-1995			Т
		WO 90/06146	06-14-1990			Т
		WO 92/18187	10-29-1992			Г
		GB 2341804	03-29-2000			т

Signature

EXAMINER Initial of reference considered, whether or not claten is in conformance with MPEP 609. Draw the through clation if not in conformance and not considered Include copy of this form with next communication to applicant. *Applicant's unique clation designation number (optional). *See kinds Codes or MPEP 609 of this form with next communication to applicant. *Applicant's unique clation designation number (optional). *See kinds Codes or MPEP 609 of the Code of the Co

Translation is attached.

This collection of information is required by 37 CFR 197 and 1.98. The information is required to obtain or retain a benefit by the public which is to fall (and by the USFTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete. Including pathering, preparing, and substituting the completed application from the USFTO. Time will vary depending upon the individual capacition on the amount of time you require to complete its form and/or supgressions for reducing this burden, should be sent to the CHef Information Officer. U.S. Patent and Trademant Office, P.O. 60x 1459, Alexandris, V.A.2231-455. D. ON 107 SEDT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND

TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Substitute for form 1449/PTO

PTO/SB/08A (07-06)

Approved for use through 09/30/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it contains a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to resp

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)

Complete if Known Application Number 1/508,181 10/566181 Filing Date February 7, 2006 First Named Inventor Peter JEFFREY Art Unit 3761 Examiner Name

Attorney Docket Number 06005

of

		r	U. S. PATENT D		
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ^{2 of known)}			Figures Appear
		US-			
		US-	<u> </u>		
		US-			
		US-	1 -		
		US-			
		US-			
	\vdash	US-			
	T	US-			
		US-			
	 	US-			

Examiner	0.4		IGN PATENT DOCU			
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ³ Number ⁴ Nind Code ⁵ (# known)	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	™
			MM-DD-YYYY			
7V.P.C.		EP 0272035	06-22-1988			\vdash
		FR 2650187	02-01-1991			Т
		EP 0747075	12-11-1996			Т
	\equiv	EP 0636381	02-01-1995			Т
						Г

/Victoria P. Campbell/ 10/27/2008 Signature Considered

EXAMINER. Initial if reference considered, whether or not cliation is in conformance with MPEP 699. Draw line through citation if not in conformance and not considered, include copy of this from with next communication to applicant. *Applicant's unique cliation designation number (options). *See Krints Codes of USPTO Arten Downments at www.usprac.gov or MPEP 990 to 8. Enter Office that issued the document, by the two-lefter code (MPIO State 37.3). *For Applicant's principle to the indication of the year of the reign of the Emperor must precede the senial number of the patient document. *Mind of document shall be appropriate symbolic as included on the document under WPO Standard storage of the patient storage can check mark here if English language.

This collection of information is required by 37 CFR 1.97 and 1.98. The inform ion is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to compete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.